MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 173

Evidence for addition of CERTIFICATE OF DEATH items 17 & 18 is shown on Film No. G95. June 20, 1945.

#647358 Reg. Diat. No. 358

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Formewborn infants give residence of mother)
County A. Coch day 9	
Cly of town long the Comment of the	State Transcript County
(If outside city of town limits, write north and give nearest town)	City or town (If outside city or town limits, write RUBAL and give nearest town)
How long in above place of death?	721 Local Street
Hospital, Institution, or street address where death occurred.	Street No. (1f rural, give LOCATION)
7 1/	V
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Starold Anderson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20
m 42. m	20. DATE OF DEATH Seese S 2h 18 45 21 1/ 0 M
8.(6) Name of bushand or wife angumen Man Andreas	21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from
S (c) If allyo give and years	19 10 19
7. Sirth date of	and that last saw have of the same alive of the
deceased (mo., day fr)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
2.6 C X	accordado do como dos
a substant Car Clare Wisconsin	Que to
9. Birthplace	1 Sant
10. Usual occupation	Due to pall in Navyplan
11. Industry or business / M.S. Navy	
12. Name List Know	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name.	Major findings of operations
15. Birthplace Lowe Know	
2 15. Biringiace	Dale of op.
18. Informant	Autopsy results
Address 1. a. a. S. Chencolingsie Va	, ,
Purio? In 10 1045	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal. Which?) Date thereof	Accident, suicide, or homizide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Fau Claire, Wisconsin.	Injured at home farm, Industry, public place (where)
E. B. Stokes	Means of Injury All (Injured at work?
18. Funeral director	ncV/T. On
Address Address	11. 2. salorers M
1 - 1 - 1 E 7/1-1	23. SIDNATUR M. D. or other
19. (Dajo ree'd by registrar) Registrar	Address of Stroke City, M. Date signed 6/3/43

JUN 15 1945

PLEASE

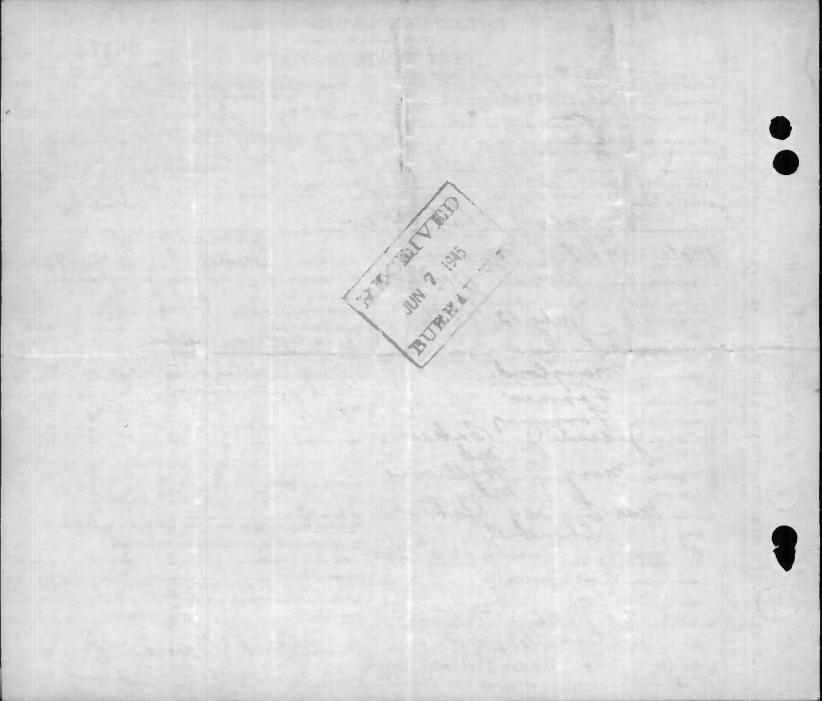
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934)

CERTIFICATE OF DEATH

06474355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
City or town	State Marylande County Marceller
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
- Control of the cont	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
4. Sex 5. Color or rage 8.(a) mgle, married, widowed, or divorced	
male White Mornied	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	Current 15 19 42, 10 June 3, 1945
7. Birth date of deceased (mo., day, yr.) Ouls 12. 1876	and that I last saw h
8. AGE: Years Months Days titless than one day	Immediate cause ul death DURATION Our DURATION
9. Birihplace	Due to Market Market Andrew Classes 22 7 70
10. Usual occupation.	Due to.
11. industry or business formers	
H 12. Name Sales Inches	Other conditions
	(Include pregnancy within 3 months of death)
5	Majur findings of operations.
	Date of op
16. Informant MAA Gagaray Jakes	Autupsy results
Address shoutell.	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Quite thereof	Accident, suicide, or nemicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Bentin md.	Injured at home, farm, Industry, qublic place (where?)
18. Funeral director Di. Packa Watson	Means of injury Injured at work?
Address Selherville Mel.	A DRA South
6-5- M5 No on A Day	23. SIGNATURE (M. D. or other
(Date rec'd by registrar) Registrar	Address Willarda, My Date signed 4-3-45



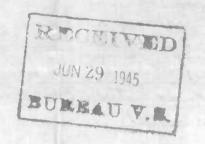
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

Rog. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Workship	0 0 1.2.)
City or town(If outside city or town limits, write RURAL and give nearest town)	(0+ 0+)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest	town)
Hospital, institution, or street address where death occurred:	Street No.	
V	(if rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Nu	mber
James Edward Barnes		
4. 3 x 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE DF DEATH THE STATE OF BEATH THE STATE OF STATE O	3,00 P M
Lin in Barned	21. I CERTIFY that death occurred on the date above stated; that aftended deceased	
B.(b) Name of husband or wife	6/10/4- 18 10 6/11/45	19
7. Birth date of	and that I last saw h. Ann. alive on 6/11/45	19
deceased (mo., day, yr.) april 23-1873	Immediate cause of death.	DURATION
8. AGE: Years Months Days If less than one day	anoley	1 day
72 1 18hrsmin.		
9. Birthplace Klej Grange, Warcester, md.	Due to Arteriorelesorio.	142
10. Usual occupation Salesman	Que to	
11. Industry or business		200000000000000000000000000000000000000
	Other conditions	220400000000000000000000000000000000000
12. Name Elijah 13 ames		
(A)	(Include pregnancy within 8 months of death)	
14. Maiden name. State Hudson 15. Birthplace	Major findings of operations.	100000000000000000000000000000000000000
15. Birthplace	Date ot op.	
18. Informant Signer Barries	Autopsy results	tiation No
Address Stuckton, md.		iiideany.
A: 0 Q 13 1945	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Presbyteman	Where did injury occur?	State)
8 to 2 to 0 made	Injured at home, tarm, industry, public place (where?)	*******************
Location	Means of injury Injured at work?	
18. Funeral director mangazette + . Watsaw	(1) (1)	0
Address Pocombbe city, nd.	Hand When M	·W
- And M Tours	23. SIGNATURE M. D. or	
(Dete rec'd by registrar) Registrar	Address Date signed.	712/45



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

06470 Reg. Dist. No...

1. PLACE OF DEATH: Worker tex	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and one nearest town)	State Maryland county Worcester
	City or lown Rural - Ocean City
Row long in above place of death?	(if outside city or town limits, write RURAL and give negrest town)
West Ocean City Road - R.t. D.2"	Street No. NEST OCEAN CITY (If rural, give LOCANDO)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
Gertrude May Ci	3. (b) Social Security Number
4. Sox 5. Color or race 6.(a) Slogle, married, widowed, or dispresed	MEDICAL CERTIFICATION
Temale White -	20. DATE DE DEATH JUNE 24, 1945 11 6:08/PM
6.(6) Name of husband or wite	21. LOBRTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	11 12 J 19 5 10 J 1 12 J 18 J 5
deceased (ma., day, yr.) May 24, 1945	and that f las paw h. A. alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
hrsmin.	John Wilking 3000
9. Birthplace Ocean City R.F.D. 2" Nov. Md.	Due to
(Town, county, and state)	W11.000 (10.000)
1D. Usuaf occupation.	Doe to
11. ledustry or business	
E 12. Hame William J. Clark	Other conditions
3. Birthplace Ocean City Md. R.F.D.	
14. Malden name Jennie E. Hudson 15. Stringlace Ocean City Md. R.F.D	(Include pregnancy within 3 months of death)
15 Sirthelace Ocean City Md. RED	Major findings of operations
William Idlank	Date of op
16. Informant	Autopsy results
Address Ocean City K.F.D. 2	
17 Boyla Dale thereof June 25 (943) (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cometery or crematory Evergreen, Cem.	Where did injury occur?
Location Derlin Md.	Injured at home, tarm, industry, public piece (where?)
Day B Bushes	Meana ot Injury Injured at work?
B 1. W/	All 100 4
Address Darlin Ma.	28. SIGNATURE THEORY 14-D
1. 6-25 "HS Trelen J. Muller	M. D. or other
(Date rec'd by registrar)	Address Date signed 6 - 24-45



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 370



CERTIFICATE OF DEATH

14	77		
	No	355	ì

OERT I TOTA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tafants give residence of mother) State County City or tows (If outside city or town limits, write RURAL and give nearest town) Street Ho. (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veterae, name war
3. (a) FULL NAME May Nelso 4. Sez 5. Color or race 6. (a) Stogle, matried, widowed, or divorced	n Collic 3. (b) Social Security Number MEDICAL CERTIFICATION
temale Colo. Single	20. DATE OF DEATH 6 - 20 40 19 at 6 1
6.(6) Name of husband or wife	20. DATE OF DEATH
decessor (mo., day, yii)	Immediate cause of death
8. AGE: Years Mooths Days If less than one day	Chrome Motorshites
8. Birthplace	Due to Justine Ship Francis
10. Usual occupation	Due 16
12. Name	Other conditions
E 13. Birthplaco	
5 1/2 Kin awn	(Include pregnancy within 8 months of death)
14. Maiden oame.	Major findings of operations.
X f5. Birthplace	Date of op
th Informati Margie Furnell	Autopsy results
Address Berlin, Nd. R.F.O.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremstion, or removal, Which?)	Accident, sutcide, or homtcide Date of
St Paule l'eun	Where did injury occur?
Cemetery or crematory.	
Location De Y	Injured at home, farm, lodustry, public place (where?)
18. Fuoerat director. Anna a. Durkage	Means of lojury Injured at work?
Addross Berlin, Md.	23 SIGNATURE Clifford E. Ishalt
19. 6-27 1.45 Helen 4. Hayur	ind. Boylin M. D. or other



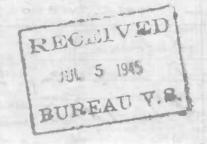
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

ter. Dist. No. 350

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sillie Cenne Got	3. (b) Social Security Number
4. Sq. 5. Color or race 6.(a) Single, married, wildowed, or divorced Colored Wildowed Wildowed Sq. S	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(c) Name of husband or Wite	May 80, 10/4 10 / 10 41
deceased (mo., day, yr.) luquex 13-1868	and that I last saw l
8. AGE: Years Months Days It less than one day	Immediate cause of death
76 10 13hrsmin.	Sent demotes nout
8. Birthpiace (Language (L	Due to. Oue to.
12. Name	Dither conditions
14. Malden name Sersk 6. Walker 15. Birthplace unknown	(Include pregnancy within 3 months of death) Major findings of operations.
m . 200.	Date of op.
16. Informani	Autopsy results
Address Tocomoha Md.	
17 Burial Date thereof June 28 1945	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Bate thereot. (month) (day) (year)	
Cemetery or crematery	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Margarette Sty ston	Means of Injury Injured at work?
Address Pacomole City ma	23/SIGNATURE 1. 2 Janlo reus
19. Clase records registral 1945 Unite Co Duite	Joursey GAM M. D. Gold 8/11



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (31-6)

06479

-	. 3	55	•
Reg. Dist.	No.		

1. PLACE OF DEATH: Worcester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Beylin Md.	State Md. County Norcester
(If outside city or town limits, write RURAL and give nearest town)	Ba alain Mal
How long in above place of death?	City or town
Rospital, institution, or street address where death occurred:	Street No. 3. Main ST,
	(it rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Charlotte Elizabeth	Fur bush 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildwed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH JULIE 1 7 1945 , 21 6 A
8.(b) Name of husband or wife Edward 5. Furbush	21. I CERTIFY that beath occurred on the date above stated; that t attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Jah. 5, 786/ 8. AGE: Years Months Days If less than one day	Immediate cause of death
84 5 13min.	Chr. Milleritis
8. Birthplace Berlin, Worcester, Md.	Due lo.
10. Useal acception House wite	
	Due to.
11. tadustry or business	Ju. Mylcours
12. Name Isaac Tarr 13. Sirtholace Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Charlatte Richards	
14. Maiden name Chaylatte Richayds 15. Birthplace Md.	Major findings of operations.
Mine Dinhauden	Date of op.
Bankin Md	Antopsy results
Address Berlin, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which) (Burial, cremation, or removal, Which)	Accident, suicide, or homicide
Burking lange Cana	
Cemetery or crematory	Where did injury occur?
Localion Deville	injured al home, farm, lodustry, public place (where?)
18. Funeral director, anna a. Burkeye	Means of injury injured at work?
Address Believ Md.	Of PL
1 0 / 1 2 2 1 1	P3. SIGNATURE Cas-1. Jaw
(Date ree'd by registrar) 1945 Felen J. Haywar	a B. O. J. M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

MARKAND STATE DEPARTMENT OF HALLTH

AND THE RESERVE

Marin I least 17 was a C. A.

City Meyers dition

Cha Milling



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infante-give residence of mother) State, Many County Ly Sicester
(If outside city or town limits, write RURAL and give nearest town)	D. A. D. County
How long in above place of death? 24 Years	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
New Jone In Associal or Institution?	(If rural, give LOCATION)
How long in hospital or institution?	2.(α) If veteran, name war
Julia ann Gos	3. (b) Social Security Number
4. Sex Scolor or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale White Married	20. DATE OF DEATH Que 1210 45 at 5 de
6.(b) Name of husband or wife Dollar & Lassard	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Dept (1945, 10 / 1945
7. Birth date of 5.(c) If allive, give age years	and that I last faw beautiful alive on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
70 4 11	
So o o v O to o o o o o o o o o o o o o o o o o	200
8. Birthplace	Due to Alles Times
10. Usual occupation.	Cum Ender A. I. Seven
11. Industry or business	Due to.
12. Name Dhan Thancock	Other conditions Infection of the
13. Birthglace	d
14. Maiden name Cankaran	(Include pregnancy within 8 months of death)
S 15. Birthplace	Major findings of operations
16 Informant Leavier Gorsand	Date of op.
	Autopsy results
Address Focomotic ma	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory Sales Mr. E. Constru	Where did injury occur?
Location Pacasaha med	Injured at home, farm, industry, public place (where?)
Sa Haral	Means of tnjury Injured at work?
18. Funeral director	
Address Poclomobe 702 9	23. SIGNATURE 1 /6. P. Xarlozura
19 Hune 14, 1945 anne E Thite	M. D. or other
(Uate rec'd by registrar) Registrar	Address Dry Helle Ble signed 6.



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (442)

U648i

CERTIFICATE OF DEATH

Reg. Dist. No. 313

Siste County (If outside city of town ingle, weigh RORAL and give nearest town) Bee long in berg best of delth? Registal, institution, or street address where death obscured: We long in bergistia or institution? 3. (a) FULL NAME 8. See S. Doler or rece S. (a) Single, married, widowed, or directed What What What What What What What What	1. PLACE OF DEATH: County Workester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
See log in above place of death?	City or town. Seehavelle Kersh	State
Street No. (If raral, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 4. Sex Society of the Social Security Number 4. Sex Society of the Social Security Number 5. Social Security Number 20. DATE OF DATE. 20. DATE OF DATE. 21. IEERTIFY that deety occurred on the date above stated; that I situated deceased from Social Security Number 21. IEERTIFY that deety occurred on the date above stated; that I situated deceased from Social Security Number 22. DATE OF DATE. 23. IS ASS. 24. IS ASS. 24. IS ASS. 25. DOING OF DATE. 26. Internal date of social Security Number 26. (c) Hame of husband or wife. 27. III SERTIFY that deety occurred on the date above stated; that I situated deceased from Social Security Number 26. INTERNAL SOCIAL CERTIFICATION 27. III SERTIFY that deety occurred on the date above stated; that I situated deceased from Social Security Number 27. III SERTIFY that deety occurred on the date above stated; that I situated deceased from Social Security Number 28. AGE: Tears Meeths Days If I leve than one day 29. DATE OF DATE. 20. DATE OF DATE. 20. DATE OF DATE. 20. DATE OF DATE. 21. IEERTIFY that deety occurred on the date above stated; that I situated deceased from Social Security Number Social Security S	How long in shove place of death?	City or fown
Revision in hospital or incitivities. 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) Historian, same way. 3. (b) Social Security Number 3. (c) Historian, same way. 3. (b) Social Security Number MEDICAL CERTIFICATION 2. (c) Harm of husband or wite. 4. (c) Haire, give age. 7. years deceased (m., day, r.) March. 8. 18 7 4 8. AGE: Tears Mealth Days If less than one day. 9. Birthpiace (Town, county, and gister) 10. Usual occupation. 11. Industry or business. 12. Remb. 13. Birthpiace 14. Maiden name. March day town. Major findings of operations. Major findings of o		
3. (a) FULL NAME 4. Sex 5. Cober or, trace 6. (c) Single, married, widowed, or divorced MEDICAL CERTIFICATION 3. (b) Social Security Number MEDICAL CERTIFICATION 3. (c) Particular of the social security Number MEDICAL CERTIFICATION 3. (c) Manne of husband or wife 6. (c) Manne of husband or wife 7. Sich date of deceased (m., day, r.) Medical Security Number 10. Date of Death 11. Industry or business 11. Industry or business 12. Reme 13. Birthplace Major findings of operations. Major findings of operation		(If rural, give LOCATION)
4. Sex 4. Sex 5. Color of trace 6. (C) Same of horband or wife 6. (C) Hallve, give age. 7. Birth date of deceased (mo. day, yr.) 8. AGE: Years Menths 9. Birthplace 9. Birthplace 10. Usual occupation. 11. Industry or business 12. Barne. 13. Birthplace 14. Major findings of operations. Date of op. Address Date of part to the date above stated: that I attended deceased from the date above stated: that I attended deceased	How long in hospital or institution?	2.(a) If veteran, name war
8. (c) Rame of husband or wife	3. (a) FULL NAME Jackel Jall	3. (b) Social Security Number
6.(d) Name of husband or wife 6.(e) If alive, give age 70 years decessed (mon. day, vi.) March 8, 18 7 4 7. Birth date of decessed (mon. day, vi.) March 9, 18 7 4 8. AGE: Years Months Days If less than one day Immediate cause of death Immediate cause of death DURATION 9. Birthplace (Cover, county, and state) 10. Usual occupation Duration Fig. 11. Industry or business Immediate cause of death Imm	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
6.(6) Name of husband or wife 7. Birth date of decessed (mo., day, yr.) 8. AGE: Tears Months 9. Birthplace. 10. Usual occupation. 11. Industry or business 12. I Remaind of death about the date above stated: that I attended decessed from the date above stated: the date above stated: the date	Genale white married	20 DATE DE DEATH June 23 1945 at 6 P. M
1. Birth fails of decensed (mo. day, yr.) 8. AGE: Vears Months Days II less than one day 9. Birthplace. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 15. Birthplace 16. Informant 17. Birthplace 17. March, Sandy Mary Long 18. March Months Days II less than one day 19. Birthplace 11. Industry or business 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant 17. Birthplace 17. Birthplace 18. March Months Days II less than one day 19. Major findings of operations. 17. Birthplace 18. Major findings of operations. 19. Major fi	6 (h) Game at husband or with John Hell	
The final action of december (mo. day, yr.) March S 4		June 18.45 , 10 June 23 19 45-
8. AGE: Years Months Days It less than one day 4 / 3 / 5 Mrs	7. Birth date of	and that Mast saw h. LA alive on 6 - 2 9 19 X5
9. Birthplace		Immediate cause of death
8. Birthplace	0. 1.00.	
10. Usual occupation. 11. Industry or business. 12. Name.	7/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
10. Usual occupation. 11. Industry or business. 12. Name.	9. Birthplace	Bue in
11. Industry or business 12. Name	7/2010000	
12. Name James Burnland Bither conditions Milliant Coalidade Milliant Coalidade Milliant Coalidade Milliant	10. 0000	Doe to.
13. Birthplace		William D. D. J. Contract
14. Maiden name. Major findings of operations. Dafe of op.	E 12. Name.	0: 11 -0-
14. Maiden name. 15. Birthplace 16. Informant Address 17. Buttal 18. Which? Date thereof wind (day) (year) Cemetery or crematory. Location 19. Funeral director Margarette 15. Walkay Address Major findings of operations. Major findings of operations. Major findings of operations. Dafe of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Major findings of operations. Major findings of operations. Dafe of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Major findings of operations. Dafe of op. County (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Major findings of operations. Dafe of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Major findings of operations. Dafe of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Major findings of operations. Dafe of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Major findings of operations.		(Include pregnancy within 8 months of denth)
Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	14. Maiden name. Hancy Ray Won	
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:	\$ 15. Birthplace Md.	
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sutcide, or homicide	16 Informant Oaku Hall	Antopsy results
17. Buttal 18. (Burial, cremation, or removal. Which?) Cemetery or crematory. (a veneral curve church gard Location. New Security of the County of the Co	Address Welle Del.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cemetery or crematory. Country Church gard Location New Sectorial Dell Injured at home, farm, industry, public place (where?) 18. Funeral director Margarette 15. Walson Address Ocomobic City, Mr. 23. Signature. Ment did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?		22. VIOLENCE: If death was due to external causes, fill in the following:
Location New Scillyville, Dell. 19. Funeral director Margarette 15. Walany Address Focomoke City, Mrs. 23. Signature M. D. or other	(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Location New Scellsprille, Dell Injured at home, farm, Industry, public place (where?) 19. Funeral director Mangarette 15. Walson Address Pocomoku Cela, Ma. 23. Signature. M. D. or other	Cemetery or crematory. To henezur Church gard	Where did injury occur?
19. Funeral director Margarette 15. Walson Address Pocomoku Cela, Mr. 23. Signature. 23. Signature. M. D. or other	Jantine near Scellyville, Dell.	
Address Pocomoku City, Mr 23. SIGNATURE Exclass. Tog. M. D. or other	m H 1/1/	
23. SIGNATURE. M. D. or other	0 10 60 30.1	
M. D. or other	Address Jocomboke City, Mr.	23 SIGNATURE Tolands - 1009
	19. June 25 18 45 mbs, Ron Burgy	M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Gounty Worcester	state Maryland County Morcester
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 50 years	City or town RURAL POCOMORE C1ty (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Rt. # 2
How long in hospital or institution?	(It tural, give book from)
3. (a) FULL NAME	2.(a) If veteran, name war
	3. (b) Social Security Number
Caroline Halland 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	None
	MEDICAL CERTIFICATION
Female Colored Widowed	2D. DATE OF DEATH. 19 19 M
6.(b) Name of husband or wife. Handy Holland	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of Month & Down II also own 7 997	19
7. Sirth date of deceased (mo., day, m.) Month & Day Unknown-1883	and that I last saw has alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
62 - min.	b
9. Birthplace RURAL . Pocomoke - Worcester - Md.	Due to trake 1 . Sund
(Town, county, and state)	Jan Jan
1D. Usual occupation. House wife	Due to.
11. Industry or business	Collinger Jerul
John Dickerson 12. Name John Dickerson 13. Birthplace Worcester County. Md.	Other conditions.
	(Include pregnancy within 3 months of death)
14. Malden name. Sallie Christian Stringlace Worcester County, Md.	Major findings ol operations
	Date of op.
16. Informant William Dickerson	Autopsy results
Address 4 Sixth St. Pocomoke City.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof June 15, 1945 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Halls Hill Cemetery	Where did injury occur?
Location Pocomoke Caty, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director. H. Harvey Bradshaw	Means of Injury Injured at work?
Address Pocomoke City, Maryland	0 1/2 7. 120
2. 1= 1= 1 3 11 4	22. SIGNATURE M. Dor other
19. JUNI 15 19. 4.5 CAMI (A MILLIAN Registrar Registrar	Addings of Description Col Mrs. Date signed 6/13/4.
	The state of the s



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3).

CERTIFICATE OF DEATH

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	atos. Dieta ito imimimimimi
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Worces ler	(For newborn infants give residence of mother)
City or lown Kural - Berlin, Md	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town 150 x al Devil 17 190
How fong in above place of death?	(If outside city or town limits, white RURAL and give nearest sown)
HOSPITAL IDSTITUTION, OF SHEET ADDRESS WHELE GEATH DECUTION.	Street No. Deylig F. F. D.
	(If rurai, give LOCATION)
How long to hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Margarel Hnn M	clabe
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	0 . 10 45 30
TEMATE MILL C 11 ALCO IL	20, DATE OF DEATH
8.(6) Name of husband or wife. Joshua 6. McCabe	21. I CERTIFY that death eccurred on the date above stated; that I attended deceased from
0 () 11 -11	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	
79 11 23hrsmlo.	Chr. My hrelis
Berlin Worcester, Md.	Due to.
(Town county, and state)	
10. Usual occupation House wite	Back
11. ladustry or business	Due to.
	Sul Moreandeles
E MI	Diher conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Martha Timmons 15. Birthplace Md	Major findings of operations.
15. Birtholace	major manage of operations.
G. J. J. M. C.L.	
16. Informant CAY A A A A A A A A A A A A A A A A A A	Autopsy results PHYSICIAN: Please underfine the cause to which death should be charged statistically.
Address Berlin, 119.	
Buria Date thereof June 12, 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removai, Which?) (month) (day) (fear)	Accident, suicide, or homicide
Cemetery or crematory Evergreen Cem.	Where did injury occur?
Location Berlin, 19d.	Injured at home, farm, industry, public place (where?)
0 0 0	Means of injury Injured at work?
18. Funeral director	and a R
Address Barlin, Md. 1.	Chank tour
1 10 115 11 17 1	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Bending Made signed 6/11-48
A Could !	Maries Bullion Bigued.

MARRIAND STATE DEPARTMENT OF HEALTH HEART TO STADE THE Contract to proper of the second

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 707

CERTIFICATE OF DEATH

06484

Reg. Dist.		2	-	-
Ray Dist.	No.	3	0	0

1. PLACE OF DEATH: Warcester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town Rural-Berlin R.F.D. 2#	State Maryland county Worcester
(If outside city or town limits, write RURAL and give nearest town) Row long in above place of death? 2 mo, 20 da 43.	City or town Kera Berlin R.F.D. 24
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Streel No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Peggy Ann Morr	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple Colored -	20. DATE OF DEATH June 16 = 1945 21 8:349
a di Manada da Ma	21. I CESTIFY that deals occurred on the date above stated: that I attended deceased from
8.(6) Name of husband or wife	June 1 = 1945, 10, June 16 1985
7. Birth dale of deceased (mo., day, yr.) March 27. 1945	and that I last saw h
8. AGE: Years Mooths Days It less than one day	Immediate cause of death
2 20hrsmia.	
1. Birthplace. Whaley ville Worrester, Md.	Due to My from Assigning Due to My from State St
10. Usual occupation.	Due to
11. Industry or business	DUT 19.
12. Name Harry Morrys 13. Sirthplace Beyling Md.	Other conditions
13. Sirthplace Beylig Md.	(Include pregnancy within 3 months of death)
14. Maiden name. Anna 6) villen	Major findings of operations.
15. Birthplace Berlin, Md.	Date of op.
16. Informant Harry Morris	Antopsy results
Address Beylin R.F.D. 2#	PHYS1CIAN: Please underline the cause to which death should be charged statistically.
17. Boxial Date thereof June 16, 1943	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burlal, cremation, or removal. Which?) (month) (gay) (year)	Accident, suicide, or homicide
Gemetery or crematory German Town CameTery	Where did lajury occur?
Location DCV (N	Injured at home, farm, Industry, public place (where?)
18. Funeral director. anna a. Durlage	Means of Injury Injured at work?
Address Berlen Md.	A / Kuill M.D.
1.6-16 "45 Helen F. House	23) SIGNATURE. M. D. or other
19. (Dute rec'd by registrar) 19. (Dute rec'd by registrar)	Address Clester Med Date signed 6/16/53

DELIAND SOUTHWATER STATE CHARLESAN



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

0648;) Dist. No. 955

1. PLACE OF DEATH: Warcester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For personn infants give residence of mother)
County	State Maryland County Worcester
City or town	City or lown Ruyal Berlin
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If were a give LOCATION)
R.F.D. 2	(If rural, give LOCATION)
New long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Sarah Margaret	Ouillan 3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, wido red, or givorced	MEDICAL CERTIFICATION
Temale White Widowed	20. DATE OF DEATH JUNE 24 19.45 at 10:00/h
6.(b) Name of husband or wife John L. Duiller	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of Sept 9 1866	God that I last saw h. B. alive on Standard 2 4 19.45
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
79 9 16nia.	Carchina y County 2 yrs.
Berlin Wircester Md.	Bue to.
10. Usual occupation House wite	1,5
11. Industry or business	99e lo
E 12. Name Thomas B. Birch	Dither conditions
13. Birtholace Ocean City Md.	
E 14. Maiden name Martha Bowen	(Include pregnancy within 3 months of death)
14. Maiden name. Martha Bowen 15. Birthplace Beylin Ma.	Major findings of operations
18. Informan Mrs. Ned. Gray	Antonsy results.
Address Berlin Md. R.F.D. 2th	PHYSICIAN: Please underling the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. Une 26 1943 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Evergreen Cem.	Where did injury occur?
Location Derlin Md	Injured al home, farm, Industry, public place (where?)
18. Funeral director anna G. Burrys	Means of injury Injured at work?
Address Beilie Md,	tellereil her.
4.262 45 Notes of Ale	23. SIGNATUE M. D. or other
(Date rec'd by registrar) Registrar	Address Sesles Med Date signed 6 - 2 4 45

MARTLAND STATE DEPARTMENT OF BEALTH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

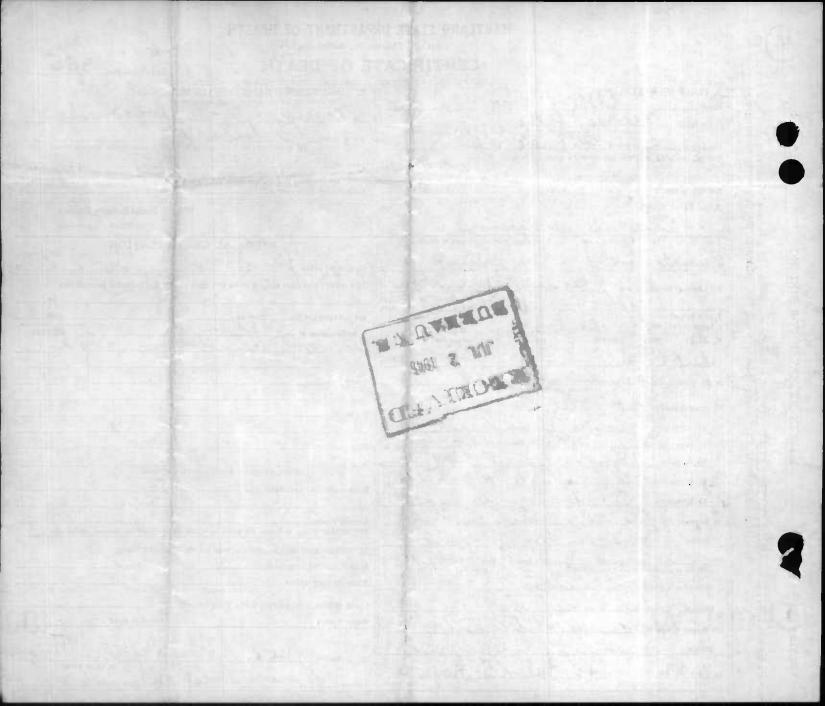
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830/

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: OTTO Ster	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary County Wicomics
City or town(If outside city or town limits, write RURAL and give nearest town)	la alulina
How long in above place of death?	(If outside city or towo limits write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No.
How long If hospital or Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
amis Suniton	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Coly married	20. DATE DF DEATH JULIS 24 19.41 19.41 19.41 19.41
6.(6) Name of hosband or wife. Abruer Sunton	21. I CERTIFY that leath occurred on the date above stated: that I allended deceased from
7. Sirth date ot	and that I last saw h
deceased (mo., day, yr) alcaut 1880	Laghediate can/o of death
8. AGE: Years Montha Days tt less thao one day	Cerebrol Generologe 1hr.
about 65 min.	
9. Birthpiace (Town, godnie, and state)	Due to
10. Usual occupation Domestel	Due to
11. Industry or business same as above	900 (V-11)
12. Name Jane Jane Jane Sand	Diher conditions
	(Include pregnancy within 8 months of death)
14. Maiden name & harlatte to askill	
14. Malden name Office State Dashiell 15. Birthpiace Palk all alkenal	Major findings of operations
16. tatormant wheeler In the	Aotopsy results.
Address Salan here as One of	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12	22. V10LENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?) Bale thereof (mooth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory full land land	Where did injury occur?
Location & Alexander Stand	Injured al home, farm, Industry, public place (where?)
18. Fuoeral director and the Survent	Means of Injury Injured at work?
Address Salealeury and	23 SIGNATURA OU L. Viery Dip me Eyam
19. 6-27. 1945 Helen 4- Hay ward Registrar	Address Duow Will M. D. or other Address Bate signed 6/2 X/ X S



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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE C	F	DEATH48

1 DIAGE OF DESCRIPTION	CERTIFICATE OF BEATH
1. PLACE OF DEATH	131-6)
County County	Registration Dist. No. 354
Village or City Old Control of Co	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmos,ds.
(4	J. How long in 0.3.11 of loter git biftit:
2. FULL NAME 1029 - Rocy	4)7
(a) Residence: No.	St., Ward.
(Usual place of abode)/	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH
Mola Catad Sengle	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	1965 to Mean // 1967
6. DATE OF BIRTH (month, day, end year)	I lest saw h elive on 1967 death is sald
7. AGE Years Months Days If LESS then	to have occurred on the date stated ebove, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
8. Trede, profession, or particular	were es follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Date deceased last worked at this occupation (month end spent in this	
year) occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
II 13. NAME TESTO EL ROULE	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In elso tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
al-cia Baccott	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Hachtens, Will	Specify whether injury occurred in INDUSTRY, in NUME, of in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL O Country	Manner of injury
Place Home Denfisier Date Jun. 13, 19 4	Nature of injury
010 5 5	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
(Vaniess) - What was the contract of the contr	If so, specify
20, FILED Jun 12, 19 Aft many M. Pary les	(Signed) M. D.
Registrar.	(Address) New Church . O

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	JUN 29 1945	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

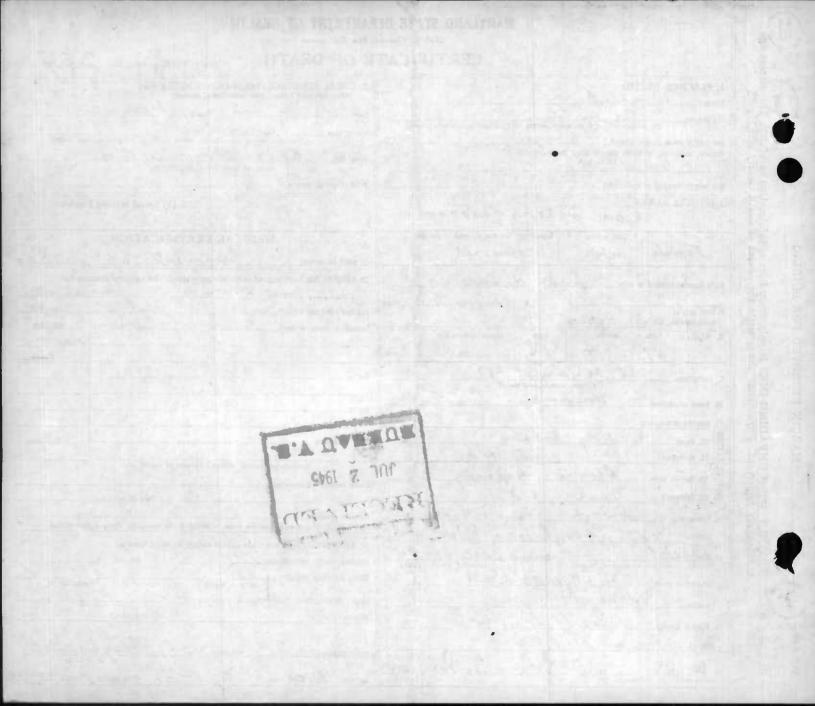
PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICAT	E OF DEATH Rog. Dist. No. 355
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex Finale 5. Color or race 6.(a) Single, married, widowed, or divorced Harried	MEDICAL CERTIFICATION 20, DATE DF DEATH. 25 N
8. (6) Name of husband or wife	21. I CERTIFY that death occurred of the date above stated; that I attooded doceased from 21. I Service 22. 18. 45. and that I last say have alive on 18. 45. Immediate cause of death Occurred of the date above stated; that I attooded doceased from DURATION DURATION Due to 1. Under conditions (Include pregnancy within 3 months of death) Major findings of operations
16. Informant Address + \$56 Chevy Chase Blvd, Wash, D. 17. Beriol (Burial, cremation, or removal, Which?) Cemetery or crematory Location Thomas Location 18. Funeral director Address Bakin Mar. Chase C	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide



MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

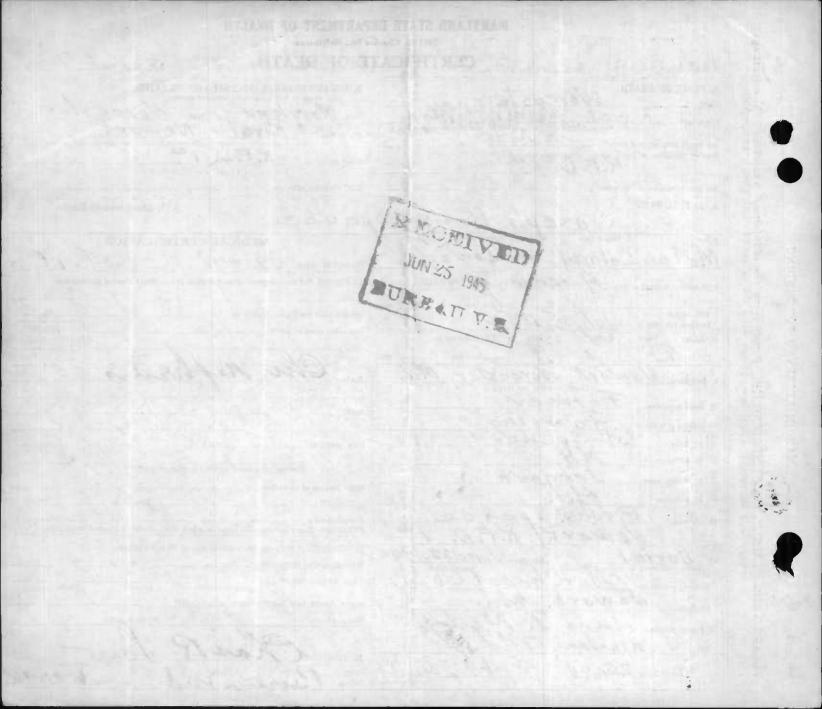
2411	N.	Charles	St.,	Baltimore	(131-8)
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No.	P .	
TO U.S.	D	

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Rev. Dist.	No.	-	0	-

FILM AU. G 9 6 JUN 29 1945 CERTIFICAT	E OF DEATH	Reg. Diat. No. 30
1. PLACE OF DEATH: Worcester	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	nother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary land Coun	Worcester
Now long in above place of death? 2 weeks Hospital, institution, or sireet_address where death occurred:	City or town	write RURAL and give nearest town)
R.F.O. 1=	Street No(If rural, give I	OCATION)
New long in hospital or institution?	2.(a) If veleran, came war	
Joseph Henry 5	Deuce	3. (b) Social Security Number
Male Calored Widowed, or divoted	1 .0	RTIFICATION
e. (b) Name of husband or wife Amanda Spence	21. I CERTIFY that death occurred on the dale above	
7. Birth date of	and that I last saw halive on	
deceased (mo., day, yr.) 0/4/5, 183 2	Immediate cause of death	
8. AGE: Years Mosilis Days If less than one day		
9. Birthelaca. Newark Worcester, Md. (Town, county, aud atate)	Due to EM. Mef	Wells
10. Usual occupation Farmer		
11. Industry or business . Farming	Due to	
12. Name LIT Spende	Other conditions	
14. Maiden name Unknown 15. Birthplace Md.	(Include pregnancy within 3 m	
		Date of op
18. Informant Bruce Spenoe Address Newark R.F.D. /=	Autopsy results	
17. Boria Date thereof June 22, 1948 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	
Cemetery or crematory Ceder Chape Com.	Where did lajury occur?(City or town)	
Location	tajured at home, farm, industry, public place (whe	
18. Fuoeral director. June	Means of injury	Injured at work?
Address Barlin, Md.	23. SIGNATURE Kas /	1. Law
19. June 22,19.45 Recog Sunth	Address Bestin	M, D, or other Date signed 6 20 -



WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1150

CERTIFICATE OF DEATH

06490

Rev. Diat. No. 35/

1. PLACE OF DEATH: Wasourten	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	State Malkhanad County Mall State
(If outside city or town limits, write RURAL and give nearest town)	1 (In this is the interest of
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas of grader	Mone
4. Sex 5. Color or race 6.(a) Single, married, Widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. June 26 19 45 at 4 5
1 Chan's Robadies	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife AMMALL	June 18 19 45, 10 June 2 la 19 45
7. Birth date of	and that light saw h. in alive on June 25 19 45
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Mooths Days It less than one day	Simple Stowation
83 0 6 29hrshrs.	
Chronille Wanter ma	Due to Complete Openynged 10 mos.
9. Birthplace Add from, county, and atate)	oca le para
10. Usual occupation Themsel	Due to scholering legicas 10 400
11. Industry or Dusiness	Due to Alexandra
12. Name Daniel Agadh 13. Birthplace Manulano	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Infulliable of 11. 15. Birthplace	Major fludings of operatious
El 15. Birthplace	Date of op.
16. totormant Ma aloud to shadel	Autopsy results
10 01/10 m	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mongal May, My	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, remation, or reportal Which?) Date thereof a kalanda (month) (day) (year)	Accident, suicide, or homicide
130VII W. I FEWER	Where did injury occur?
Cemetery or crematory and a second a second and a second	
Location	injured at home, farm, industry, public place (where?)
18. Funeral director Application of Spanning of Spanni	Means of Injury Injured at work?
Address Inon Rill Mile	(S) +1 J. Ma. My
68271 11- 8A/ Sentel	23. SIGNATURE M. D. or other
19. 19.40 AELON OCULA	1 Pringle 1/2/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Norcester	(For newborn infants give residence of mother) State Mayuland County Waycester
(If outside city or towe limits, write RURAL and give nearest towe)	Victoria de la constanta de la
How long in above place of death? 2 mo.	City or town
Hospital, institution, or street address where death occurred:	street No. Vine Street
Vine Street	(If rural, givo LOCATION)
Now long in hospital or institution?	2.(a) If veteran, oame war
3. (a) FULL NAME John Radcliff	Whittington 3. (b) Social Security Number
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20 DATE OF DEATH JUNE 14 1945 ALL A M
8.(6) Name of husband or wife Francis Whitting to 4	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of years	and that f last saw have alive on Jewas 13 1955
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
01 /	
74 B a min.	the refusition
8. Birthplace Devillo KID 3. Porces lev. Md. (Town, county, and atate)	Due to
10. Usuat occupation Farmer	
11. Industry or business	Due to
	De el la la millita
12. Name John Whittington 13. Birthplace Berlin R.F.D. 3#	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maideo name Millie Webb. St. 15. Burthplace Beylin R.F. D. 3 #	Major findings of operations.
15. Birthplace DCY III	
18, Informant	Autopsy results
Address Ballen YVV	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof 6 - 16 - 45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suickie, or homicide
cemetery or crematory Durbage Cemetery	Where did lojury occur?
Location Cowellulle Jud.	lajured at home, farm, Industry, public place (where?)
18. Fueral director Ama a. Burloge	Means of injury injured at work?
Address Berlin, Md.	R. IV
111 2 21	23. SIGNATURE LOS
10 6-16 1045 Allen 7. Agyror	Q 12.01: 20 di 6/15-48

ENGLISH REGISTRACITATION OF THE RESIDENT RNI 1945

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0



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Reg. Diat. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	The short of MATTER STATE
(If outside city or town limits, write RURAL and give nearest town)	Deskar De Neio
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Roepital, Inetitution, or etreet addrese where death occurred:	
***************************************	Streel No
How long in hospital or institution?	2.(a) 11 veterao, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elsiel Wilson	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ferrale White Deingle	20. DATE DF DEATH 19 5 7, M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of X	and that I last eaw halive on
deceased (mo., day, yr.) Dele 3 - 17 d 7	Impediate cause of death DURATION
8. AGE: Years Months Bays It less than one day	Tracture Stell at one
Cosindiala Samuest MIV	Bue to acceptual
9. Birihpiac (Toyn, egunty, and state)	Due 10
10. Veual occupation. OCHWAL SUL	Due to.
11. Industry or business	
E 12. Name Saac W. Wilson	Dither conditions
\$ 13. Birthplace Maryland	(include pregnancy within 8 months of death)
# 14. Maideo name Bessil J. Griffith	(tactude pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Mayland	Bate of op.
18. Informant Mas Bussile & Wald	Autopsy results.
Address Show Will mg Runel 2	PHYSICIAN: Please underline the cause to which death should he charged statistically.
17 Buriel Date thereof dane 11/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burdal, cremation, or removal, Whigh?) Bate thereof (month) (dg/s) (year)	Accident, suicide, or homicide
Cemetery or crematory Afficial Williams & Comments of Comments of the Comments	Where did injury occur? (City or town) (Cyunty) (State)
Location	injured at home, farm, industry, public place (where?)
18. Funeral director. Haddanley & Jummus	Meane of trijury Culy accident Injured at works to
Address montbill, Mg	23. SIGNATURE OLY L. Tiles Defo. new Eyam
19. 6 - 11- (Date rec'd by registrar) 19. 45 Helen F. Hayular	M. D. or other
(Date rec'd by registrar) / egistrar	Address Date signed

JUN 15 1945 BURBAU V.B.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

1. PLACE OF DEATH WITH CO.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn in that s give residence of mother)
(If outside city or town limits, write RURAL and give wearest town)	State County County
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
The best transfer for the second seco	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME LOUGH Suit Wise	3. (b) Social Security Number
4. Sat 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemoly Collect Single	20. DATE DE DEATH JUNE 30 1945, at 5 A
8.(b) Name of husband or wife	21. I CERTIFY that reach occurred on the date above stated; that I attended deceased from
A	June 1 29 1945, 10 June 30 1945
7. Birth date of 7. Girth date of 7. Gir	and that I last aaw her alive on James 12 9 19 91
8. AGE: Years Months Bays If less than one day	Immediate cause of death DURATION
00 , 1 min.	frespriagory failer.
I Mod More to mil	f Parties and the second second
9. Birthp accounty, and state)	Due to f. All Mille Attack Death to 1 day
1B. Usual occupation.	
11. Industry or business	Due to
12. Name Toseff & Marse 13. Birthplace	Dther conditions.
Z 13. Birthplace Wilsonaa	
14. Malden name Illima & Asantalass	(Incinde pregnancy within 8 months of death)
14. Maiden name Illima di Junilary 15. Birthplace Journ Gaulance	Major findings of operations.
Line Pe and	
Address Andress	Autopsy results
B. 3/1/18	22VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Secon Chelle MI	Injured at home, farm, Industry, public place (where?)
Geans & James	Means of Injury Jujured at work?
Address DONDELL MI	(Not of mon
68308 UST ROAM Th	23. SIGNATURE M. D. or object
(Date rec'd by registrar) 19 Registrar	Address Date signed 6 30 45

PUREAU V. S.